

# Release of Information Authorization

## Student information

Last Name	First Name	Middle Name
SGEI Student Number	Partner Institute Student Number	Date of Birth (day/month/year)

I authorize Seven Generations Education Institute to release and/or obtain information as specified below to the organization(s)/institution(s) regarding my record(s) that directly pertain to SGEI.

## Information release/obtainment

### Authorization #1

Name	Relationship/Organization	Expiry Date (day/month/year)
Purpose <input type="radio"/> Personal <input type="radio"/> Academic <input type="radio"/> Financial <input type="radio"/> Other	Specify information authorized for release	

### Authorization #2 – Funder (if applicable)

Name	Relationship/Organization	Expiry Date (day/month/year)
Purpose <input type="radio"/> Personal <input type="radio"/> Academic <input type="radio"/> Financial <input type="radio"/> Other	Specify information authorized for release	

### Authorization #3

Name	Relationship/Organization	Expiry Date (day/month/year)
Purpose <input type="radio"/> Personal <input type="radio"/> Academic <input type="radio"/> Financial <input type="radio"/> Other	Specify information authorized for release	

By signing below I acknowledge that I have read and understand this document and authorize Seven Generations Education Institute to release and obtain information with the above noted individuals/organizations. I also understand that this authorization will remain on file and serve as an ongoing authorization while I am a SGEI student unless an expiry date has been indicated on this file. I also acknowledge that I may withdraw this authorization at any time by signed written letter.

Signature of Applicant	Date (day/month/year)
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Return this form to: Registrar • Seven Generations Education Institute • P.O. Box 297 • Fort Frances, Ontario • P9A 3M6  
Telephone 807-274-2796 Ext. 1211 • Fax 807-274-8761 • taryns@7generations.org